

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047165

DO NOT WRITE
ON THIS STUB

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

1974

STATE FILE NUMBER

FILED JAN 2 1964

1. PLACE OF DEATH

a. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Poplar Bluff

Length of stay in 1b
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Doctors Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Butler

c. CITY OR TOWN Poplar Bluff

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Rural Route # 1

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First
JOHNNY

Middle
REED

Last
BERRY

4. DATE OF DEATH
Month Day Year
December 20, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
2/19/1923

9. AGE (last birthday)
40

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY
Trucking

11. BIRTHPLACE (City and state or country)
Poplar Bluff, Mo.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Leslie Berry

13b. MOTHER'S MAIDEN NAME

Grace Walton

14. NAME OF HUSBAND OR WIFE

Eldida Berry.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Eldida Berry, Poplar Bluff, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonitis

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Rheumatic Heart Disease, Inactive with Heart Failure

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-17-63 to 12-20-63 and last saw her/him alive on 12-20-63
Death occurred at 10:30 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS
Poplar Bluff, Mo.

22c. DATE SIGNED
12-23-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE
12/22/1963

23c. NAME OF CEMETERY OR CREMATORY
Sparkman

23d. LOCATION (City, town, or county) (State)
Poplar Bluff, Missouri.

24. FUNERAL DIRECTOR

ADDRESS

Frank-Cotrell Chapel, Poplar Bluff, Mo. 12-30-1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Eldida Berry

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.